

910

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037030

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 221

STATE FILE NUMBER

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Maryville		c. CITY OR TOWN Parkville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		d. STREET ADDRESS (If outside, give location) Parkville	
3. NAME OF DECEASED (Type or print) First Middle Last Veryl Jean Egan		4. DATE OF DEATH Month Day Year Sept 29 1963	
5. SEX female	6. COLOR OR RACE cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8,1,1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home-own	11. BIRTHPLACE (City and state or country) Garretson, S.D.
13a. FATHER'S NAME Axel Nelsen		13b. MOTHER'S MAIDEN NAME Helen Jordahl	14. NAME OF HUSBAND OR WIFE C. Donald Egan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		17. INFORMANT Address Jasper Sundal, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain laceration severe DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 85 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple fractures & internal injuries			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Mrs Egan was a passenger in automobile which collided with another automobile	
20c. TIME OF INJURY Hour 7:40 a.m. 9-29-63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, car, etc.) #71 3rd St. Maryville, Mo.		20f. CITY, TOWN, OR LOCATION Maryville	
20g. COUNTY Nodaway		20h. STATE Mo.	
21. I attended the deceased from 9:10 A to _____ and last saw her/him alive on _____ Death occurred at 9:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. F. Zland M.P.		22b. ADDRESS Maryville, Mo.	
22c. DATE SIGNED 9/29/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9, 30, 1963	23c. NAME OF CEMETERY OR CREMATORY Lake Benton Cemetery	
23d. LOCATION (City, town, or county) Lake Benton, Minn.		23e. STATE Minn.	
24. FUNERAL DIRECTOR Address Atchison, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 9-29-63	
26. REGISTRAR'S SIGNATURE Bess Noel			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

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JAN 9 1964

OCT 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George M. Althaus Jr.

Licensed Embalmer No.

5114

P. O. Address

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.